

Step-by-Step Instructions for Completing the COVID-19 Emergency Child Care Provider Application Form

1. To complete the Emergency Child Care Provider Application Form, visit <https://ncchildcare.ncdhhs.gov/Whats-New/Coronavirus-Information-for-Child-Care/COVID-19-Emergency-Child-Care-Provider-Application-Form> to complete the COVID-19
2. Verify your facility's License Number.
 - To start completing the application, enter your facility's License Number. Then click "Verify License Number".
 - *Note: license numbers may begin with a '0' or '00' for certain counties. Please be sure to include these leading zeros to ensure that your license number can be verified.**

COVID-19 Emergency Child Care Provider Application Form

Please complete this form if you are the owner of a North Carolina child care facility that is willing to meet the requirements outlined below to remain open or reopen during the COVID-19 emergency (April 1 to May 31). Once you submit this form, you will be contacted by the NC Division of Child Development and Early Education for more information.

Child Care Provider Application Forms must be submitted by 11:59 p.m. on March 31. Child care facilities that do not receive approval from DCDEE by April 1 will not be approved to continue providing child care until further notice.

*** Required Fields**

I. Facility Information

1. License Number *

3. Verify your Facility Name.
 - After clicking "Verify License Number", review the Facility Name displayed to ensure you have entered the license number for the correct facility. A question will appear below that Facility Name displayed that asks, "Is this the correct facility?".
 - Please review the pre-populated Facility Name displayed to ensure that you are entering information for the correct license number.
 - If the Facility Name listed is correct, click "Yes". If the Facility Name listed is incorrect, click "No". This will then take you back to the first question. At this point, please work with your child care consultant to obtain the correct License Number for your facility to complete step 1.

I. Facility Information

1. License Number *

2. Facility Name *

Is this the correct facility?

4. Complete the rest of the “Facility Information” section.

- Some fields will be pre-populated using information on record that is associated with your License Number. Please check to ensure that your information is accurate and make any changes as necessary. Please ensure that all remaining fields in the “Facility Information” section are filled in with your accurate information. You will need to fill in your information for the following fields:
- Owner Name
 - Facility Mailing Address (Street/P.O. Box, City, State, Zip Code)
 - Facility Phone Number
 - Location Address (Street, City, State, Zip Code, County)
 - Facility Contact Person (Name, Email Address, Phone Number, Cell Phone Number, Fax Number)
***For “Email Address”, please enter the email address of the individual that you want to receive a confirmation email upon submitting your application**
 - Current Days and Hours of Operation: for each day, please indicate whether you are Open or Closed and what your Hours of Operation are
 - Currently Licensed for 2nd or 3rd Shift Care: for both 2nd Shift and 3rd Shift care, please indicate if you are currently licensed to serve

I. Facility Information

1. License Number *

2. Facility Name*

3. Owner Name*

4. Facility Mailing Address

Street / P.O. Box*

City*

State*

Zip Code*

5. Facility Phone Number*

6. **Location Address***

Street*

City*

State*

Zip Code*

County*

7. **Facility Contact Person (if different from applicant)**

Email Address*

Phone Number

Cell Phone Number

Fax Number

8. **Current Days and Hours of Operation:***

*Monday	Select ▼	Select Time ▼	to	Select Time ▼
*Tuesday	Select ▼	Select Time ▼	to	Select Time ▼
*Wednesday	Select ▼	Select Time ▼	to	Select Time ▼
*Thursday	Select ▼	Select Time ▼	to	Select Time ▼
*Friday	Select ▼	Select Time ▼	to	Select Time ▼
*Saturday	Select ▼	Select Time ▼	to	Select Time ▼
*Sunday	Select ▼	Select Time ▼	to	Select Time ▼

9. **Currently Licensed for 2nd or 3rd Shift Care?***

2nd Shift *

☐ Yes

☒ No

3rd Shift *

☐ Yes

☐ No

- If you select “No” for either shift under question 9, “Currently Licensed for 2nd or 3rd Shift Care?”, another question will appear that says, “If not currently licensed for 2nd or 3rd shift care, would you be

willing to provide 2nd or 3rd shift care during the COVID-19 crisis?" Please respond to this question according to your willingness to provide 2nd or 3rd shift care if you are not currently licensed.

10. If not currently licensed for 2nd or 3rd shift care, would you be willing to provide 2nd or 3rd shift care during the COVID-19 crisis?

2nd Shift

☐ Yes

☐ No

3rd Shift

☐ Yes

☐ No

5. Complete the next section "II. Declaration"*

- Please read each declaration in this section carefully.
- Check the box to the left of each declaration to confirm that you are able to meet the conditions and requirements of each declaration.
- All declarations in this section must be agreed upon using a check in order to submit your application.
- Please consult with your child care consultant if you have questions about any of the declarations.

***Note: If you are a GS-110 religious-sponsored facility, please see [Appendix I. Completing Section II. Declaration as a GS-110 Religious-Sponsored Facility](#) following Step 8 for instructions on completing the "II. Declaration" section.**

II. Declaration:

I understand that by confirming I will meet the following conditions, my facility will meet the requirements to be a COVID-19 Emergency Child Care Provider:

*** You must agree to each and all declarations to continue.**

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*My facility will adhere to [updated NC DHHS interim coronavirus disease 2019 guidelines for health, screening, and safety](#) and comply with all [interim policy and regulatory flexibilities](#).

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*My facility has adequate staffing to comply with licensing requirements and implement updated NC DHHS interim coronavirus disease 2019 guidelines for health, screening, and safety.

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*My facility has adequate supplies and resources to implement updated interim coronavirus disease 2019 guidelines for health, screening, and safety. Adequate supplies and resources include, but are not limited to: proper resources for conducting daily screenings and daily health checks; handwashing stations with soap and water; paper towels; proper disinfectants; and lined trash cans.

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*My facility has adequate resources to care for children (e.g., diapers, wipes, food).

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*My facility will update attendance, vacancy, and staffing information on a daily basis using the online [COVID-19 Child Care Provider Survey](#).

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*To the extent possible, I will make temporarily vacant (as a result of the COVID-19 emergency) child care slots available to:

A) Critical workers, as referenced in Executive Order No. 119. Critical workers are defined as first responders, hospital staff, front-line healthcare providers, nursing and adult group home staff, child care program staff, food service staff, emergency management workers, public safety officers and others working to keep our communities safe and healthy during COVID-19 pandemic.

B) Children who are homeless or in unstable or unsafe living arrangements, and children receiving child welfare services through a County Department of Social Services.

Note: We are not requiring sites to enroll new children of critical workers. However, we strongly encourage you to do so to the fullest extent possible to ensure that our critical workers can continue to serve their communities.

- ☐ *My facility will ensure all new families seeking to enroll will complete the *COVID-19 Parent Application for Financial Assistance for Emergency Child Care* and keep record of this form for each family receiving child care.
- ☐ *My facility will waive all child care subsidy parent co-payments for April and May 2020. I understand that NC DHHS will cover the parent co-payments.
- ☐ *My facility will provide teachers and staff with bonus pay, at no less than the amounts funded by DCDEE, at the time of their regular payroll during the COVID-19 crisis, effective April 1, 2020. These bonus pay amounts can be found here.
- ☐ *My facility will ensure that families who were enrolled in child care prior to the COVID-19 crisis but are no longer in attendance will be given priority to return to my child care center when the COVID-19 crisis is over, as indicated by future guidance from DHHS.
- ☐ *If, at any time, my facility is unable to meet the requirements described in this document that I will immediately notify my facility's licensing consultant.

6. Enter your e-signature and today's date.

- Enter your full name to provide your e-signature for the field "Signature (Type your full name)"
- Enter today's date as mm/dd/yyyy for the field "Date"

Signature (Type your full name)*

Date* Today is: 3/28/2020

[Submit Application](#)

7. Review all of the information you have entered in your application to ensure all information is correct and accurate.

- 8. Submit your application.** Click "Submit Application" to submit your application. You will see a confirmation message on your screen confirming that your application has been successfully submitted. You will also receive a confirmation e-mail sent to the e-mail address you have submitted under the "Facility Contact Person" section.

Appendix I. Completing Section II. Declaration As a GS-110 Religious-Sponsored Facility

GS-110 religious-sponsored facilities have the option to opt-out of receiving subsidy funds from DCDEE. As such, these facilities are required to respond with their decision to accept or opt-out of receiving these funds. Please see the instructions below for completing the Declaration section as a GS-110 religious-sponsored facility:

- Please read each declaration in the Declaration section carefully.
- Check the box to the left of each declaration to confirm that you are able to meet the conditions and requirements of each declaration.
- All declarations in this section must be agreed upon using a check in order to submit your application.
- Please consult with your child care consultant if you have questions about any of the declarations.
- **After the sixth declaration, GS-110 religious-sponsored facilities will see an additional question, “Are you willing to accept subsidy funds?”. Please indicate if you are willing and able to accept subsidy funds with a Yes or No response.**
 - For those responding “Yes”, the same declarations for non-GS-110 religious-sponsored facilities will be displayed. Please check the box next to the remaining declaration statements as applicable and proceed with the remaining application submission steps.
 - For those responding “No” to this question, you will see two different declarations as included in the screenshot below. Please read these carefully and check the box to the left of each declaration as appropriate and proceed with the remaining application submission steps. Please consult with your child care consultant if you have questions about any of the declarations.

Are you willing to accept subsidy funds?

☐ Yes ☒ No

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*I am a GS-110 religious sponsored facility choosing not to accept subsidy funds, and I understand I will not have these funds available to provide state-funded scholarships to cover free emergency child care for essential workers responding to the COVID-19 crisis with an emergency child care need, no other child care options, and a household income below the allowed limit. If I choose to serve children of essential workers responding to the COVID-19 crisis, I must use other methods, such as private pay, to fund the cost of care.

*** Note: GS-110 religious sponsored facilities choosing not to provide these state-funded scholarships will not be required to keep record of the *COVID-19 Parent Application for Financial Assistance for Emergency Child Care* for each family receiving child care.**

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*I am a GS-110 religious sponsored facility choosing not to accept subsidy funds from DCDEE, and I understand I will not have these funds available from DCDEE to pay my teachers and staff with bonus pay.